



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of)
SASAKI et al.) Art Unit 3685
Application Number: 10/627,673)
Filed: July 28, 2003)
For: MEDICAL SUPPORT SYSTEM) Examiner:
ATTORNEY DOCKET NO. HIRA.0118) QAYYUM, ZESHAN

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

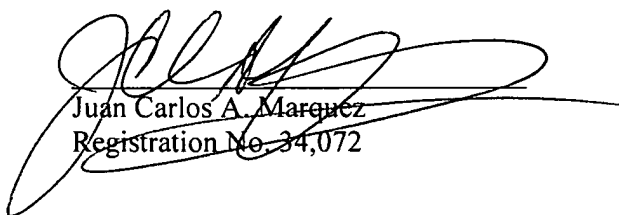
FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	4	4	(Over 20)	x \$52	0
Independent Claims	4	4	1 (Over 3)	x \$220	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$390	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
				TOTAL	0

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Response and Amendment to Office Action
(with claim amendment) | <input checked="" type="checkbox"/> Petition for Extension of Time 3 months |
| <input type="checkbox"/> Substitute Spec. & marked-up copy | <input type="checkbox"/> Information Disclosure Statement |
| <input type="checkbox"/> Preliminary Amendment | <input type="checkbox"/> Letter to Draftsperson w/ ___ sheets of
replacement drawings |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> RCE |

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [x] Credit card information for **\$1,110.00** to cover the 3-month extension of time fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,



Juan Carlos A. Marquez
Registration No. 34,072

STITES & HARBISON, PLLC
1199 North Fairfax Street, Suite 900
Alexandria, VA 22314
Telephone: (703) 739-4900
Facsimile: (703) 739-9577
Customer No. 38327
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